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CORRESPONDENCE

Letter to the Editor

Dear Sir,

I depend on *Seizure* to publish informative articles about new and old antiepileptic drugs as they represent the mainstay of therapy for my patients. Although there are many other sources of information, such as from the pharmaceutical companies and their representatives, anecdotes from other healthcare providers, and abstracts at scientific meetings, refereed journals rank the highest. However, I have noticed a bias creeping into the literature, of which the recent article by Shorvon 'Oxcarbazepine, a review' *Seizure* 2000; **9**: 75–79, is but one example.

He discusses common side-effects of the new AED oxcarbazepine, including the 10% incidence of skin rash, and the 20% incidence of SIADH (with sodium as low or lower than 125 in 3%) with admonishments that they are unimportant. Even recommending that there is no need to monitor sodium except in special cases. Other articles by other authors are equally disdainful of complications such as the 1–2% incidence of kidney stones with topiramate and zonisamide.

I for one cannot dismiss these complications. I routinely monitor serum sodium in my patients taking carbamazepine and certainly will do so with oxcar-

bazepine; values less than 130 are unacceptable to me. Even moderate hyponatremia causes some cognitive and systemic effects such as headache, fatigue and decreased concentration. I thought the goal of better treatment was improved control and better quality of life. Having had a kidney stone, I would not want to offer this as a trade off for anything less than complete and enduring seizure control.

Certainly physicians face a dilemma in using less than perfect treatment modalities for their patients. Articles need to present the pros and cons of therapy. Is the glass half full or half empty? For academic journals it must be both. Realizing that there are two sides (or more) to an issue, an author should acknowledge both or all as objectively as possible and let the reader determine how to apply this information to the patient.

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